

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008965	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER ST JOSEPH HOME OF SPRINGFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 3306 SOUTH 6TH STREET ROAD SPRINGFIELD, IL 62703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Z 000	COMMENTS Licensure Annual Survey St. Joseph's Home of Springfield is in compliance with the Shelter Care Facilities Code (77 Illinois Administrative Code 330) for this survey.	Z 000			
Z9999	FINDINGS Statement of Licensure Violations Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. This requirement is not met as evidenced by: Based on record review and interview, the facility failed to thoroughly investigate injuries of unknown origin for one of eight residents (R4) reviewed for injuries of unknown origin in the sample of 8. Findings include: R4's Clinical Record has 4 injury incidents of unknown origin between 12/18/2015 and 06/13/2016 that do not have investigation documentation which attempted to identify how the injury happened or any prevention interventions. 1. R4's Progress Note dated 12/18/15	Z9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Z9999	Continued From page 1 documents, "Resident came in to hall and got on elevator claiming somebody jumped (R4) in the hallway and that they were getting away in the elevator. There was blood all down the hallway and in (R4's) room. R4's cookies, sandwich and drink were all on the floor and his left foot was bleeding. R4's Incident Report dated 12/18/15 documents R4 was observed walking in the hallway with bloody toes and stated, "Those guys jumped me." The report documents R4 was alert and oriented to person, place, time and situation. The report documents no other investigation into how the injury of unknown origin occurred. 2. R4's Progress Note dated 1/17/16 documents, "At 2015 observed residents left hand bruised. Resident states (R4) has no idea how it happened." R4's Incident Report dated 1/17/16 documents, "Found bruise on (R4's) left hand on top of the first three digits. Also had a cut between index and second finger." The report documents R4 stated R4 did not know how it happened and R4 was alert and oriented to person, place, time and situation. The report documents no other investigation into how the injury of unknown origin occurred. 3. R4's Progress Note dated 4/10/16 documents, "CNA (Certified Nursing Assistant) reported skin tear on top of residents left hand. Resident states (R4) had no idea how it happened." R4's Incident Report dated 4/10/16 documents, "CNA reported resident had blood on (R4's) hand. Entered room and observed dried blood on top of residents left hand." The report documents R4	Z9999			

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STATE FORM